24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WORKING FAMILIES FOR HAWAII	
	C C00490193
Check if X 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
CORE GROUP ONE, INC.	06 25 / Y Y Y Y Y Y
Mailing Address 928 NUUANU AVENUE	Amount
NO 100	
City State Zip Code	6199.77 Transaction ID : SE.4394
HONOLULU HI 96817	Date of Disbursement or Obligation
Purpose of Expenditure PRODUCTION COSTS FOR NEWSPAPER & RADIO ADS Category/ Type 004	06 / 25 / Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District:
BRIAN SCHATZ Oppose	President State: HI
Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: X Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Allount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Galorida Todi To Balo	oursement For: Primary General
Per Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	6199.77
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
24.0	10 29 2014
Signature	

1mage# 14952556658 PAGE 2 / 2

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F 9 @ 5 H9 8 'HC' 5 'F 9 D C F H Z G7 < 98 I @ 'C F' + H9 A = N 5 H = C B

Form/Schedule: SE Transaction ID: SE.4394

THIS RELATES TO THE DEBT ON SCHEDULE D-PAYMENT TO BE MADE IN THE FUTURE REPORTING

PERIOD.

Form/Schedule: Transaction ID: